

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10	/						60						
11	/						61	/					
12		/					62		/				
13		/					63		/				
14	/						64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68	/					
19	/						69		/				
20		/					70		/				
21		/					71	/					
22	/						72	/					
23		/					73		/				
24		/					74						
25		/					75						
26		/					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	/						83						
34	/						84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39	/						89						
40		/					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	32						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						